Please type a plus sign (+) inside this bo	× → +		HDP/SB/21 based on PTO/SB/21 (08-00)			
2		Application Number	09/120,763			
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Filing Date	July 22, 1998 Mark H. ETZEL et al.			
		Inventor(s)				
		Group Art Unit	2135			
		Examiner Name	James Seal			
		Attorney Docket Number	29250-000262/US			
	ENCLO	OSURES (check all that apply)				
Fee Transmittal Form		ment Papers Application)	After Allowance Communication to Group			
⊠ Fee Attached		o the Official Draftsperson and Sheets of Formal Drawing(s)	LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)			
Request for Reconsideration	Licensi	ng-related Papers	Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)			
After Final	Petition	1	Proprietary Information			
Affidavits/declaration(s)		n to Convert to a onal Application	Status Letter			
Extension of Time Request		of Attorney, Revocation e of Correspondence Address	Other Enclosure(s) (please identify below):			
Express Abandonment Request		al Disclaimer				
		st for Refund				
Information Disclosure Statement	CD, NL	imber of CD(s)				
Certified Copy of Priority Document(s)	Rema	rks				

Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Reg. No. Attorney Name Harness, Dickey & John A. Castellano 35,094 Individual name Signature

Octobe 6, 2004 Date

PTO/SB/17 (10-03)
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O.E.			Complete if Known
(PE)	FEE TRANSMITTAL	Application Number	09/120,763
	1 \ for EV 0004		July 22, 1998
OCT O 6 200	<u>E</u>	First Named Inventor	Mark H. ETZEL
L-2/		Examiner Name	James Seal
AY S TH PUE	Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2135
. 2 Maye.	TOTAL AMOUNT OF PAYMENT (\$) 900	Attorney Docket No.	29250-000262/US

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METI	OD OF PAYMEN	NT (check all that apply)	,					ALCULATION (co	ontinued)		
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order		3. ADDITIONAL FEES									
		Large	Entity	Small E	ntity						
Deposit Account	:			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee De	scription	Fee Paid	
Deposit Account 08-0750		1051	130	2051	65	Surcharge - late	filing fee or oath				
Number				1052	50	2052	25	Surcharge - late or cover sheet.	provisional filing fee		
Deposit .		1053	130	1053	130	Non-English spe	cification				
Account Harness, Dickey & Pierce, P.L.C.		'	1812	2,520	1812	2,520		est for reexamination			
Name The Director is auth	horized to: (che			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action				
Charge fee(s) ind	licated below, ex	xcept for the filing fee	a	1251	110	2251	55		ply within first month		
to the above-identifie				1252	420	2252	210		ply within second		
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1001 770 200	,	ility filing fee	<u> </u>	1401	330	2401	165	Notice of Appea	I	340	
1002 340 200		esign filing fee	' '	1402	330	2402	165	Filing a brief in s	ef in support of an appeal		
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1004 770 200	04 385 Rei	eissue filing fee		1451	1,510	1451	1,510	Petition to institu proceeding	ite a public use		
1005 160 200	05 80 Pro	ovisional filling fee	<u> </u>	1452	110	2452	55	Petition to revive	e – unavoidable		
	SUBTOTAL (1	1) [(\$) 0	1453	1,330	2453	665	Petition to revive			
	•			1501	1,330	2501	665	Utility issue fee (or reissue)			
2. EXTRA CLAIM		UTILITY AND REIS		1502	480	2502	240	Design issue fee			
,		Extra Fee from Claims below	Fee Paid	1503	640	2503	320	Plant issue fee			
Total Claims	ا -20 - = ا		= 0	1460	130	1460	130	Petitions to the 0	Commissioner		
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· · · · · ·	2202 9	Claims in excess of 20	3	1810	770	2810	385		nal invention to be		
	2201 43	Independent claims in				ĺ		examined (37 C			
	2203 145	Multiple dependent cla		1801	801 770 2801 385 Request for Continued Examina				ued Examination (RCE)	, [
1204 86	2204 43	** Reissue independent claims over			900	1802	900	Request for expedited examination of a design application			
1205 18	2205 9	** Reissue claims in ex	xcess of 20 and					of a design applica	ation		
1205 18 2205 9 over original patent			Other fee (specify)								
SUBTOTAL (2) (\$) 0											
**or number previously paid, if greater; For Reissues, see above			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 900								
											
SUBMITTED BY Complete (if applicable)											
Name (Print/Type) John A. Castelland (Attorney/Agent)				35,094		\dashv	Telephone	703-668-8000			
Signature						Date	October 6, 2004				

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